

***DECLARATION OF REPAIR WORK COMPLETED  
ON AN INDIVIDUAL SEWERAGE DISPOSAL SYSTEM***

Carroll County Health Department - Bureau of Environmental Health  
290 South Center Street  
Westminster, Maryland 21157  
(410) 876-1884 ~ (800) 966-3877

Property Account ID #: \_\_\_\_\_

**Completed form may be faxed to 410-876-4430 or  
e-mailed to [carrollcounty.environmental@maryland.gov](mailto:carrollcounty.environmental@maryland.gov)**

**Any work which involves modification of the treatment or absorptive components of an existing on-site sewage disposal system (OSDS) requires a septic permit issued by the Approving Authority – in this case, the Carroll County Health Department.** This requirement is based on the Code of Maryland Septic Regulations (COMAR) 26.04.02.03E which states, “A person may not alter an on-site sewage disposal system or cause it to receive any increase in flow or change in the character of wastewater unless permitted by the Approving Authority.” The intent of this regulation is to ensure that repairs are done properly. The following table specifies which repair work on an existing system requires an Application to Install Individual Sewerage Disposal System and which activities may be documented with this Declaration of Repair Work form in lieu of a standard Health Department Permit application. All modifications to any on-site sewage disposal system must be reported to the Health Department.

<b>Declaration only allowed (Check item and complete form)</b>	<b>Permit/Inspection required (Complete HD Permit form) <i>Inspections required before work and after completion</i></b>
<input type="checkbox"/> Replacement of sewer line from house to tank.	Replacement of tank with tank or BAT unit
<input type="checkbox"/> Replacement of baffle within tank.	Replacement of pump chamber
<input type="checkbox"/> Replacement of line from tank to distribution box	Tie in of additions/outbuildings to existing system
<input type="checkbox"/> Replacement of pump with pump of same make/model	Replacement of pump with pump of new make/model or replacement of a control panel to any pressurized system
<input type="checkbox"/> Addition of manhole riser	Installation/modification of d-box or absorptive component

Our office will maintain these records in our database giving property owners and our inspectors a timeline of work completed on each OSDS.

<i><b>To be completed by installer</b></i>	
Date work completed: _____	<i><b>Please attach as-built drawing labeling all modifications</b></i>
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; padding-right: 5px;">Location</div> <div>           Street Address: _____            Subdivision: _____            Section _____ Lot _____ Size _____            Tax map: _____ Block _____ Parcel _____         </div> </div>	<div style="text-align: center; padding-bottom: 10px;"><u>Materials used and any additional information</u></div> <div style="text-align: center; padding-top: 10px;">Photo documentation may also be attached</div>
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; padding-right: 5px;">Contact Information</div> <div>           Property Owner: _____            Address: _____            Phone: _____ Alt.: _____            Septic Installer: _____         </div> </div>	<div style="text-align: center; padding-bottom: 10px;"><u>For Health Department Use:</u></div> <div>           Previous Septic Permit #(s): _____            Previous Well Permit #(s): _____         </div>
<i><b>I hereby certify that all work was completed in accordance with all pertinent codes and manufacturer's specifications.</b></i>  Installer's signature: _____  Date: _____	Reviewed by: _____  Date: _____

The Maryland Department of the Environment recommends septic tanks, BAT and other pretreatment units be pumped at a frequency adequate to ensure that solids are not discharged to the disposal area. COMAR 26.04.02.03K

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